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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 7

Application Number	10/039,062
Filing Date	December 31, 2004
First Named Inventor	William R. Matz
Art Unit	2153
Examiner Name	Sean M. Reilly
Attorney Docket Number	BS01376

ENCLOSURES

(Check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input checked="" type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Other Enclosure(s) (please identify below): |
|--|---|--|

Remarks:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature	<i>Bambi Walters</i>		
Date	March 29, 2006		

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (Print/Type)	Maureen M. Pettine	Date	03/29/2006
Signature	<i>Maureen M. Pettine</i>		

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MAR 29 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: William R. Matz

Group Art Unit: 2153

Application No.: 10/039,062

Examiner: Sean M. Reilly

Filed: December 31, 2001

Title: "System and Method for Targeted Content Distribution Using Tagged Data Streams"

VIA FACSIMILE 571-273-8300

Attn: Examiner Reilly

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

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Maureen M. Pettine

Name of Person Faxing This Paper

Maureen M. Pettine

Signature

March 27, 2006

Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the reference listed on the attached Form PTO 1449 (p. 1). The references cited are as follows:

2004/0261127

Freeman, Michael

12/23/2004

This Information Disclosure Statement is being submitted subsequent to the mailing of a first Office Action in this application and therefore, a certification fee is believed to be required (37 CFR § 1.97b(3)).

03/30/2006 MBINAS 00000010 10039062

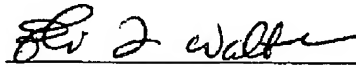
01 FC:1806

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It is respectfully requested that the reference listed on the attached form be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



Bambi F. Walters
Attorney for Applicants
Registration No. 45,197
P. O. Box 5743
Williamsburg, VA 23188
Telephone: 757.253.5729

Date: march 29, 2006

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FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number 10/039,062
Filing Date December 31, 2001
First Named Inventor William R. Matz
Examiner Name Sean M. Reilly
Art Unit 2153
Attorney Docket No. BS01376

TOTAL AMOUNT OF PAYMENT \$180.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other

☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES			SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<u>Total Claims</u>		
- 20 or HP =		
<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
x		
<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

HP=highest number of independent claims paid for, if greater than 3.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =		x	

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50	(round up) x	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS

\$180.00

SUBMITTED BY:

Name (Print/Type) Bambi F. Walters Registration No. 45,197 Telephone: (757) 253-5729
(Attorney/Agent)

Signature *Bambi F. Walters* Date MARCH 29, 2006

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MAR 29 2006

**FEE TRANSMITTAL
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number 10/039,062

Filing Date December 31, 2004

First Named Inventor William R. Matz

Examiner Name Sean M. Reilly

Art Unit 2153

Attorney Docket No. BS01376

TOTAL AMOUNT OF PAYMENT

\$180.00

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)☒ Charge fee(s) indicated below☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Charge fee(s) indicated below, except for the filing fee☒ Credit any overpayments**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

FILING FEES

SEARCH FEES

EXAMINATION FEES

Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Fee (\$)

Small Entity Fee (\$)

Each claim over 20 (including Reissues)

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

Total ClaimsExtra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP =

x _____

= _____

HP=highest number of independent claims paid for, if greater than 3.

Indep. ClaimsExtra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP =

x _____

= _____

HP=highest number of independent claims paid for, if greater than 3

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Total SheetsExtra Sheets

/ 50

(round up) x

Fee (\$)

Fee Paid (\$)

- 100 =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

Other (e.g., late filing surcharge):

Supplemental IDS

\$180.00

SUBMITTED BY:**Complete (if applicable)**

Name (Print/Type)

Bambi F. Walters

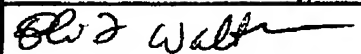
Registration No.
(Attorney/Agent)

45,197

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(757) 253-5729

Signature



Date

MARCH 29, 2006

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Sheet	1	of	1
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Application Number	10/039,062
Filing Date	December 31, 2001
First Named Inventor	William R. Matz
Group Art Unit	2153
Examiner Name	Sean M. Reilly
Attorney Docket Number	BS01376

[illegible]

OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

Examiner Signature		Date Considered	
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

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